

**SUPPLEMENTAL APPLICATION DATA SHEET****Application Information**

Application number:: 10/706,275  
 Filing Date:: 11/13/03  
 Application Type:: Regular  
 Subject Matter:: Utility  
 Suggested classification::  
 Suggested Group Art Unit::  
 CD-ROM or CD-R?:: Listing  
 Number of CD disks:: 1  
 Number of copies of CDs::  
 Sequence submission?:: Paper  
 Computer Readable Form (CRF)?:: Yes  
 Number of copies of CRF:: 1  
 Title :: VACCINE  
 Attorney Docket Number:: 484112.413  
 Request for Early Publication?:: No  
 Request for Non-Publication?:: No  
 Suggested Drawing Figure::  
 Total Drawing Sheets::  
 Small Entity?:: No  
 Petition included?:: No  
 Petition Type::  
 Licensed U.S. Gov't Agency::  
 Contract or Grant No::  
 Secrecy Order in Parent Appl.?:: No

**First Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: George  
Middle Name:: H  
Family Name:: Lowell  
Name Suffix::  
City of Residence:: Hampstead  
State or Province of Residence:: QC  
Country of Residence:: Canada  
Street of mailing address:: 185 Eton Crescent  
City of mailing address:: Hampstead  
State or Province of mailing address:: QC  
Country of mailing address:: Canada  
Postal or Zip Code of mailing address:: H3X 3K4

**Second Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Canada  
Status:: Full Capacity  
Given Name:: George  
Middle Name:: L  
Family Name:: White  
Name Suffix::  
City of Residence:: Beaconsfield  
State or Province of Residence:: QC  
Country of Residence:: Canada  
Street of mailing address:: 475 Coronet Avenue  
City of mailing address:: Beaconsfield  
State or Province of mailing address:: QC  
Country of mailing address:: Canada  
Postal or Zip Code of mailing address:: H91 1Z8

**Third Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Australia  
Status:: Full Capacity  
Given Name:: Michael  
Middle Name:: R  
Family Name:: Batzloff  
Name Suffix::  
City of Residence:: Coopers Plains  
State or Province of Residence::  
Country of Residence:: Australia  
Street of mailing address:: 4 Atkins Close  
City of mailing address:: Coopers Plains  
State or Province of mailing address::  
Country of mailing address:: Australia  
Postal or Zip Code of mailing address:: 4108

**Fourth Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Canada  
Status:: Full Capacity  
Given Name:: David  
Middle Name:: S  
Family Name:: Burt  
Name Suffix::  
City of Residence:: Dollard Des Ormeaux  
State or Province of Residence:: QC  
Country of Residence:: Canada  
Street of mailing address:: 330 Newton Road  
City of mailing address:: Dollard Des Ormeaux  
State or Province of mailing address:: QC  
Country of mailing address:: Canada  
Postal or Zip Code of mailing address:: H9A 3K1

**Fifth Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Sweden  
Status:: Full Capacity  
Given Name:: Tomas  
Middle Name:: B  
Family Name:: Leanderson  
Name Suffix::  
City of Residence:: Malmo  
State or Province of Residence::  
Country of Residence:: Sweden  
Street of mailing address:: Salongsgatan 16B  
City of mailing address:: Malmo  
State or Province of mailing address::  
Country of mailing address:: Sweden  
Postal or Zip Code of mailing address:: SE-211 16

**Sixth Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Australia  
Status:: Full Capacity  
Given Name:: Michael  
Middle Name:: F  
Family Name:: Good  
Name Suffix::  
City of Residence:: The Gap  
State or Province of Residence::  
Country of Residence:: Australia  
Street of mailing address:: 46 Weemala Street  
City of mailing address:: The Gap  
State or Province of mailing address::  
Country of mailing address:: Australia  
Postal or Zip Code of mailing address:: 4061

**Correspondence Information**

Correspondence Customer Number :: **00500**

**Representative Information**

Representative Customer Number::		<b>00500</b>
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**Domestic Priority Information**

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
<u>This application</u>	<u>An application claiming the benefit under 35 USC 119(e)</u>	<u>60/426,409</u>	<u>11/15/02</u>

**Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::
<u>Australia</u>	<u>2002302132</u>	<u>11/15/2002</u>	<u>Yes</u>

**Assignee Information**

Assignee name::	ID Biomedical Corporation of Quebec
Street of mailing address::	<u>7150 Frederick-Banting #200</u>
City of mailing address::	Ville St. Laurent
State or Province of mailing address::	Quebec
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**Assignee Information**

Assignee name::	The Council of the Queensland Institute of Medical Research
Street of mailing address::	Bancroft Center 300 Herston Road
City of mailing address::	Herston
State or Province of mailing address::	Queensland
Country of mailing address::	Australia
Postal or Zip Code of mailing address::	4006